

# SIGN PERMIT APPLICATION

BUILDING INSPECTION, PO BOX 40, ROOM 118  
CHESTERFIELD VA 23832  
Office: 804-748-1057; Fax: 804-751-4713; [www.chesterfield.gov/bi](http://www.chesterfield.gov/bi)  
Inspection Scheduling: 804-751-4444

SIGN PERMIT # :

WORK DESCRIPTION	WHAT TYPE OF SIGN WILL BE INSTALLED? (Brief description of work being performed – include # of signs being installed)		
	IF THE BUILDING MOUNTED SIGN IS ILLUMINATED, HAVE ALL OF THE CIRCUITS BEEN INSTALLED? YES NO NUMBER OF CIRCUITS: _____ NEW: _____ EXISTING: _____		
	IF THE GROUND MOUNTED SIGN IS ILLUMINATED, HAVE ALL OF THE CIRCUITS BEEN INSTALLED? YES NO NUMBER OF CIRCUITS: _____ NEW: _____ EXISTING: _____		
SIGN INFORMATION	WHAT IS THE ESTIMATED COST OF THE WORK COVERED BY THIS PERMIT?		\$
	Please circle type of sign: TEMPORARY PERMANENT		
	SIGN MANUFACTURER:		
	<b>FOR FASTER PROCESSING, SUBMIT 1 PLAN SET AT 8 ½ X 14 OR SMALLER. IF NOT POSSIBLE, 3 PLAN SETS ARE NEEDED.</b>		
	SITE SKETCH SHOWING BUILDING FOOTPRINT AND THE FOLLOWING: FOR BUILDING MOUNTED SIGNS: <input type="checkbox"/> LOCATION OF BUILDING. SHOW IF ANY EXISTING SIGNS ARE TO BE REMOVED. <input type="checkbox"/> DIMENSIONS OF BUILDING OR TENANT SPACE. <input type="checkbox"/> TYPE OF ANCHORING FOR GROUND MOUNTED SIGNS: <input type="checkbox"/> PROPOSED AND EXISTING SIGN LOCATIONS. <input type="checkbox"/> NOTE IF ANY SIGNS ARE TO BE REMOVED. <input type="checkbox"/> SETBACK DIMENSIONS FROM RIGHT OF WAY AND EDGE OF PAVEMENT. LANDSCAPING, AS REQUIRED AT THE BASE OF THE SIGN. <input type="checkbox"/> SETBACK DIMENSIONS <input type="checkbox"/> FOOTING/FOUNDATION DETAILS.		SIGN ELEVATION PLANS SHOWING THE FOLLOWING FOR ALL SIGNS: <input type="checkbox"/> ELEVATIONS SHOWING SIGN. <input type="checkbox"/> HEIGHT/WIDTH <input type="checkbox"/> COLOR INFORMATION <input type="checkbox"/> MATERIALS USED <input type="checkbox"/> ILLUMINATION INFORMATION
ID	CONTRACTOR NAME:	CONTRACTOR ID #:	CONTRACTOR'S PHONE #:
CONTACT	PRIMARY CONTACT PERSON:		CONTACT'S PHONE #:
	CONTACT'S E-MAIL ADDRESS:		
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):		OWNER PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
	PROPERTY OWNER CITY/STATE/ZIP (SKIP IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
JOB INFO	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET NUMBER, STREET NAME, STREET TYPE OR SUBDIVISION/LOT/BLOCK/SECTION):		
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME?		TENANT NAME:
	PLEASE CIRCLE PAYMENT OPTION IF APPLICABLE: <b>ENTERPRISE ZONE</b> <b>COUNTY PROJECT</b>		IDT# FOR DEFERRED PMT (SCHOOL BOARD/UTILITIES ONLY):

APPLICANT	APPLICANT NAME (PLEASE PRINT):		
	REPRESENTING (NAME OF COMPANY):		
	APPLICANT SIGNATURE:		DATE:
OWNER AFFIDAVIT	<p align="center"><b>Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.</b></p> <p>If you are an owner and intend to do the work or subcontract the work out, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit, and in turn obtaining the permit in your name makes you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This "Owner Affidavit" must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)</p> <p>I, as the owner, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.</p>		
	OWNER'S SIGNATURE:		DATE:
	PLEASE PRINT OWNER NAME LEGIBALLY:		
	<p>I, as a witness, saw the owner of this property affix his signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.</p>		
	WITNESS' SIGNATURE:		DATE:
OFFICE USE ONLY	SIGN PERMIT FEE:		1/20/2006 4:37 PM
	\$		
	OTHER FEE:		
	\$		
	PLANNING DEPARTMENT FEE:		
	\$		
	ASSOCIATED CREDIT CARD FEE:		
	\$		
STATE LEVY:		TOTAL PERMIT FEE: \$	
CASHIER:			
CHECK #:	DATE:		